

Mission Act of 2018



Choose **VA**

VA North Texas Health Care System MISSION Act Stakeholder Information Kit

1. Quick Flyer (One sheet, two-sided)
2. Quick Fact Sheet (Two pages)
3. VA MISSION Act Brochure for Veterans
4. Letter from Dr. Stone, VHA Executive in Charge
5. Digital General Brochure — MISSION Act
6. VA MISSION Act Fact Sheet (Separate File)
7. VA MISSION Act Eligibility Fact Sheet (Separate File)
8. VA MISSION Act FAQs
9. VA Talking Points — Internal Use Only
10. Urgent Care Slide Deck
11. Emergency Medical Care
12. Emergency Transportation (Ambulance)
13. Links

THE STEPS

1. VA confirms Veteran's eligibility for community care under the new criteria.
2. A VA staff member assists the Veteran with scheduling the appointment or the Veteran schedules the appointment with their preferred community provider within the VA network.
3. Veteran receives care from a community provider in the VA network.
4. Community provider sends a claim to a Third Party Administrator or VA for payment.

What the MISSION Act does for our Veterans:



Single community care program: Existing programs are combined into one single community care program.



Better customer service: VA is implementing redesigned, streamlined internal processes, with improved education and communications resources for Veterans, VSOs and employees.



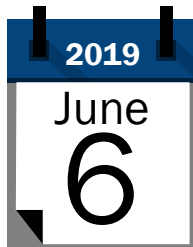
New urgent care benefit: Will provide eligible Veterans with access to non-emergency care for certain conditions in the VA network of community providers.



New community care network: VA is establishing a new Community Care Network (CNN) of community providers that is administered through Third Party Administrators (TPAs).



Modern IT systems: VA is modernizing its information technology (IT) systems to replace a patchwork of old technology that slow down delivery of community care.



Timing: The new community care program is in effect as of June 6, 2019. The VA's traditional community care program and the Veterans Choice Program end as of June 6, 2019, and the new program and eligibility criteria are in effect. The urgent care benefit also begins in June, 2019. A complete rollout of all six regions of the Community Care Network (CCN) is expected by 2020. Upgraded IT systems are also being implemented, with some expected to be completed in 2019 and others in 2020.

VA MISSION ACT



VA



U.S. Department of Veterans Affairs

Veterans Health Administration
Central Arkansas Veterans Healthcare System



Community Care Eligibility

Under the MISSION Act, Veterans will have better access and greater choice in health care either at VA, or a community provider by any of the six improved eligibility criteria.

- 1. Veteran Needs a Service Not Available at a VAMC** – A Veteran needs a specific type of care or service that VA does not provide in-house. Ex: female Veteran needing maternity care.
- 2. Veteran Lives in a State or Territory Without a Full-Service VAMC** – Applies to Veterans living in Alaska, Hawaii, New Hampshire, and the U.S. territories of Guam, American Samoa, the Northern Mariana Islands and the U.S. Virgin Islands.
- 3. Veteran Qualifies Under the “Grandfather” Provision** – Veteran was eligible under the 40-mile criterion as of June 5, 2018, and continues to reside in a qualifying location.
- 4. VA Cannot Furnish Care within Certain Designated Access Standards** – Determined by a specific average drive time and within a certain number of days.
 - 30-minute average drive time for primary care, mental health and non-institutional extended care services (including adult day health care).
 - 60-minute average drive time for specialty care.
 - 20 days appointment time for primary care, mental health and non-institutional extended care services, unless Veteran agrees to a later date.
 - 28 days appointment time for specialty care from the date of the request, unless Veteran agrees to a later date.
- 5. It Is in the Veteran’s Best Medical Interest** – A Veteran may be referred to a community provider when the Veteran and the referring clinician agree that it is in their best interest.
- 6. A VA Service Line Does Not Meet Certain Quality Standards** – If VA has identified a medical service line that is not meeting VA’s standards for quality based on specific conditions, Veterans can elect to receive care from a community provider under certain limitations.

THE KEYS

- ★ Veteran must receive approval from VA prior to getting care from a community provider.
- ★ Veterans must either be enrolled in VA health care or be eligible for VA care.
- ★ Eligibility will continue to be dependent upon a Veteran’s individual health care needs or circumstances.
- ★ VA staff members generally make all eligibility determinations.
- ★ Veterans will usually have the option to receive care at a VA medical facility regardless of their eligibility for community care.
- ★ Meeting any one of six eligibility criteria is sufficient to be referred to a community provider.

VA



U.S. Department of Veterans Affairs

Veterans Health Administration
Central Arkansas Veterans Healthcare System



VA MISSION Act and You – A Fact Sheet

- Provide you with more options for health care,
- Offer an improved community care process,
- Provide a new urgent care option,
- Help you get access to the care you need at the right place at the right time,
- Offer you great service through a nationwide network of high-quality care,
- Provide more Veteran-to-Veteran peer specialist,
- Expand the program to support Veteran caregivers.

Through the MISSION Act, VA now has additional opportunities to enhanced our high-quality health care to our nation’s Veterans.

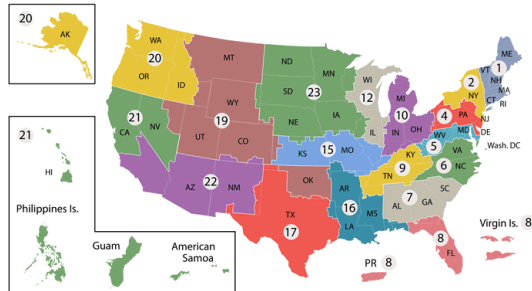
Proposed Community Care Criteria

ACCESS STANDARDS	Primary Care, Mental Health, Non-Institutional Extended Care	Specialty Care
Drive Time	30 minutes	60 minutes
Wait Time	20 days	28 days

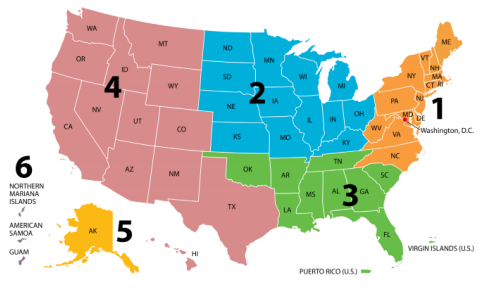
Improved Community Provider Network

Our third party administrator (TPA) for community care brings existing network providers that combine with our previous network of providers in Arkansas. Physicians must enroll in the provider network in order for the TPA to assign patients. Non-VA providers will be required to meet competency standards and criteria that meets VA’s high standards of care.

Veteran Integrated Service Networks



Community Care Networks



Expanding TeleHealth

VA North Texas Health Care System provides the very best in Veteran-centric care and is bringing more of those services to our enrollees. We are taking advantage of technology using face-to-face communications via VA Video Connect, allowing patients to consult with health care providers without long distance travel. You can check out VA Video Connect by clicking [HERE](#).



Bringing Services to You

VA North Texas Health Care System has an exceptional group of Community Based Outpatient Clinics (CBOCs), offering many services to our Veterans. CAVHS is making them even better through expanded TeleHealth, Audiology, TeleDerm, Physical Therapy in many CBOCs and available specialty care using traveling providers.

Caregiver Support

The MISSION Act will expand eligibility for VA's Program of Comprehensive Assistance for Family Caregivers (PCAFC) under the Caregiver Support Program. The expansion implemented by the MISSION Act will open the Program to eligible Veterans and their caregivers from all eras. Caregivers and Veterans can learn about the full range of available support and programs available by visiting the Caregivers Support Program website at www.caregiver.va.gov, or by contacting the Caregiver Support Line toll-free at 1-855-260-3274.

Urgent Care Benefit

The MISSION Act's new Urgent Care benefit provides eligible Veterans with a specific number of urgent, non-emergency care visits for non-life-threatening conditions (such as minor burns, strep throat and pink-eye) in VA's network of community providers. With this new benefit, Veterans will have access to a new, convenient, option for care for minor injuries and illnesses.

Recruit and Retain

VAMCs will be better equipped to recruit and retain the best medical providers through new scholarship programs, education debt reduction and bonuses for recruitment, relocation and retention.

4 COPAYMENTS AND INSURANCE

Like other health care providers, VA may charge a copayment for health care. The copayment amount may be based on your enrollment priority group, the type of health care service you receive, and your financial situation. If a VA copayment applies, you are responsible for that amount whether your care is furnished directly by VA or through a community provider.

VA may bill your health insurance for medical care, supplies, and prescriptions. As a result of the MISSION Act, VA no longer requires your permission to bill your health insurance carrier for health care related to a sensitive diagnosis. If you would like to submit a request to restrict this process, please contact your local VA facility's privacy officer.

If you have other forms of health care coverage (such as Medicare, Medicaid, TRICARE, Indian Health Service, and tribal health), you can use VA health care benefits along with these plans.

To learn more, contact your local VA medical center or visit missionact.va.gov and click:

- ▶ VA Health Care and Other Insurance
- ▶ Indian Health Service/Tribal Health Program (IHS/THP)

5 ACCESS STANDARDS AND STANDARDS FOR QUALITY

VA is establishing designated access standards based on the type of care you need, how long you have to wait to receive that care, and your average driving time to receive that care. We are also establishing standards for quality that focus on domains such as timely care, effective care, safe care, and Veteran-centered care. Within each of these domains are specific quality measures. VA is applying both access standards and standards for quality to care it furnishes in VA facilities and is working to ensure quality of care in the community also meets applicable standards. As VA continues to develop and refine these standards, we will provide additional information.



6 COMPLAINT AND APPEALS PROCESS

VA is committed to delivering an excellent care experience every time. We know that concerns arise, and we're here for you. Patient advocates at your facility can assist with almost any problem you may experience. VA has different processes for clinical and non-clinical appeals, and the patient advocate can ensure your concern is handled appropriately.



More Information

- ▶ **MISSION ACT** – Visit missionact.va.gov.
- ▶ **APPLYING FOR VA CARE** – Visit missionact.va.gov or contact your local VA medical facility to apply for VA care.
- ▶ **VA BENEFITS & SERVICES** – Visit va.gov/welcome-kit or contact your local VA medical facility for a VA Welcome Kit that provides a broad overview of services VA can offer you.
- ▶ **VETERANS IN CRISIS** – If you are or if you know a Veteran in crisis, visit veteranscrisisline.net or text 838255.

If you do not have access to the internet, contact your local VA medical center for more information.

Enhanced VA Options Under the MISSION Act:

IMPORTANT INFORMATION FOR VETERANS



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Your VA Health Care Options

At VA, Veterans are the center of everything we do. We are constantly working to make sure you know about the health care and benefits you have earned through your service to our country. A new law, called the MISSION Act, strengthens VA's ability to provide you with state-of-the-art care and services. The law makes several improvements to VA care that begin on June 6, 2019. To help you understand your health care options through VA, we are sharing the following educational material.



Improving Veteran Health Care

VA is devoted to providing an excellent experience for you and the important people in your life. We are strengthening our ability to deliver timely, high-quality health care through a network of providers and cutting-edge technology.

Under the VA MISSION Act, VA will:

- ▶ Continue to provide you with an excellent health care experience
- ▶ Deliver the right care, at the right time, at the right place
- ▶ Continue to offer care through telehealth in your home, in a VA facility, or in the community
- ▶ Provide more options for health care, including community care and urgent/walk-in care

For more information on the VA MISSION Act, please visit missionact.va.gov



This Brochure Covers Six Topics

- 1 HEALTH CARE ELIGIBILITY
- 2 COMMUNITY CARE ELIGIBILITY
- 3 URGENT/WALK-IN CARE
- 4 COPAYMENTS AND INSURANCE
- 5 ACCESS STANDARDS AND STANDARDS FOR QUALITY
- 6 COMPLAINT AND APPEALS PROCESS

1 HEALTH CARE ELIGIBILITY

VA provides a comprehensive medical benefits package to all Veterans who are enrolled through an annual patient enrollment system that categorizes Veterans based on different priority groups. Eligible Veterans can use VA health care services nationwide, including through mobile health clinics that serve rural areas and via telehealth (care through a phone or computer) in your home or on the go.

2 COMMUNITY CARE ELIGIBILITY

You may be able to receive care from a provider in your local community if you meet specific criteria. Generally, Veterans must be enrolled with VA to receive care, although some Veterans are not required to enroll to receive care. Eligibility further depends upon your individual health care needs or circumstances. It is important to remember that under the Veterans Community Care Program, in most instances VA must authorize your care before you receive it.

Under the MISSION Act, there are six different eligibility criteria for community care. Meeting any one of these criteria for the specific care you need means you are eligible to elect to receive that care either through direct VA care or a community provider in VA's network:

- ▶ The specific care you need is not provided by VA at any facility
- ▶ You reside in a U.S. state (AK, HI, or NH) or territory (Guam, American Samoa, Northern Mariana Islands, or U.S. Virgin Islands) that does not have a full-service VA medical facility
- ▶ "Grandfathered" eligibility based on residence and the 40-mile eligibility criterion from the Choice program
- ▶ The specific care you need is not available within designated access standards
- ▶ You and your referring clinician decide it is in your best medical interest to receive the specific care you need in the community
- ▶ VA has designated the VA medical service line delivering the specific care you need as not providing care that complies with VA's standards for quality

3 URGENT/WALK-IN CARE

VA will offer an urgent/walk-in care benefit for minor injuries and illnesses, such as pink eye or ear infections. To be covered by this benefit, you must be enrolled in the VA health care system and have received care from VA within the 24 months prior to seeking this care to be eligible for this benefit. Eligible Veterans can seek this care from an urgent care facility or walk-in retail health clinic that is part of VA's community provider network, but not all urgent care facilities or walk-in retail health clinics are in VA's network. VA will provide additional information on this benefit.



DEPARTMENT OF VETERANS AFFAIRS
Under Secretary for Health
Washington DC 20420

May 7, 2019

Your Enhanced Options for Care Through the Department of Veterans Affairs (VA)

Dear Veteran:

VA is focused on providing you with an excellent experience every time you trust us with your care. To do so, we use an integrated healthcare system with internal and community elements.

A landmark law, the VA Maintaining Internal Systems and Strengthening Integrated Outside Networks Act (MISSION Act) of 2018 strengthens VA's ability to deliver the best care and services at VA sites and in the community. It helps VA deliver trusted, easy to access, high-quality care at VA facilities, virtually through telehealth, and in your community. That means you get the care and services you need, where and when you need them. This letter and the enclosed brochure are the first step in educating Veterans about the changes VA is making under this new law.

Here is what you can expect:

- A single, simple VA community care program, that puts you at the center of your VA health care decisions;
- Expanded eligibility criteria for community care, including new access standards;
- Easier scheduling of appointments in VA's community care network;
- A new urgent/walk-in care benefit through a network of walk-in retail health clinics and urgent care facilities; and
- Continued strong relationships with VA providers and staff who provide your care and will facilitate access to the community care network.

We are excited about these changes that will strengthen VA care and care obtained through our community partners. The changes empower you to find the balance in the system that is right for you. As we implement the MISSION Act, you should continue to talk to your VA healthcare team or scheduler to get the care you need. Our goals are to make sure you know what is available to you, and that care and services are easy to access. Please see the enclosed brochure for additional details. If you have questions about your healthcare benefits, visit www.va.gov or contact your nearest VA medical facility for information.

Thank you for your service to our Nation. We are honored to serve you.

Sincerely,

A handwritten signature in blue ink, appearing to read "Richard A. Stone", is positioned below the word "Sincerely,".

Richard A. Stone, M.D.
Executive in Charge



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COMPLAINT AND APPEALS PROCESS



Choose **VA**



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MORE INFORMATION

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VA MISSION Act of 2018

Your Care is Our Mission

Overarching Frequently Asked Questions and Answers

Q1. What is the VA MISSION Act?

A1. The VA MISSION Act is legislation passed by Congress and signed into law on June 6, 2018. Through this VA will need to make changes in several key areas including:

- Streamlining and Improving Community Care,
- Establishing a new Urgent Care benefit,
- Expanding Caregivers Eligibility,
- Strengthening VA's Workforce,
- and Strengthening VA's Infrastructure.

Through the MISSION Act, VA has additional opportunities to enhance our high-quality health care to our nation's Veterans.

Q2: What does the MISSION acronym stand for?

A2: Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION).

Q3. Is the MISSION Act about privatizing Veterans' health care?

A3. No, it's not about privatizing VA. The MISSION Act is designed to strengthen and improve VA's high-quality health care system.

Q4. What does the MISSION Act encompass?

A4. The MISSION Act legislation contains more than 50 sections intended to strengthen and improve VA's ability to deliver world-class health care. As this is complex and will take place for several years, we have a visual graphic depicting how it will work. You can find the handout at this link: https://www.va.gov/oei/docs/MISSION_Act_Placemat.pdf.

If you're interested in learning more you can read through the handout entitled "MISSION ACT 101: How the law will improve VA's ability to deliver health care to Veterans" on VA's Vantage Point blog located at: <https://www.blogs.va.gov/VAntage/56414/mission-act-101-how-the-law-will-improve-vas-ability-to-deliver-health-care-to-veterans/>.

Q5: How will the VA MISSION Act Improve Community Care?

A5: VA community care programs have grown in number and complexity through the years, making them complicated. The MISSION Act streamlines and improves VA's community care programs, providing Veterans better customer service when receiving community care.

Q6: How will the VA MISSION Act expand Caregivers Eligibility?

A6: The VA MISSION Act expands eligibility for Veterans who have family members serve as their caregivers. Right now, the Caregiver program is only available to eligible Veterans who were injured on or after September 11, 2001. But, the expansion under the MISSION Act will open the program to eligible Veterans and their caregivers from all eras.

Q7. What are the key benefits for recruiting and retaining high quality staff under the MISSION Act?

A7. Key benefits for employees under the MISSION Act include:

- **Providing** several options to help recruit and retain employees through an expanded education debt reduction program,
- Improving flexibility for recruitment bonuses,
- Allowing for relocation and retention pay so we can keep high-quality medical professionals,
- Piloting a scholarship program for eligible Veterans to receive medical training in return for serving in a VA hospital or clinic for four years.

Q8: How will the VA MISSION Act strengthen VA's Infrastructure?

A8: Many VA buildings are nearly 60 years old and half of them were built before 1920. We need ways to ensure we can keep up with the changes to technology and building improvements as we modernize our systems. That's why the MISSION Act offers reviews and plans to help VA better manage its infrastructure.

Q9. When will the MISSION Act be implemented?

A9. VA is already developing processes for a multi-year effort, including plans to keep all of us informed each step of the way. We are excited to improve access to VA's high-quality care and reaffirm our commitment to America's Veterans.

Q10. How will the MISSION Act benefit Veterans?

A10. The MISSION empowers Veterans and enhances care options. VA will:

- Continue to be a trusted, caring partner
- Meet Veterans where they are, with the right care at the right place and the right time
- Provide telehealth in their home, in a VA facility, or in the community
- Focus on providing an excellent experience for Veterans and their families.

Q11. How will the MISSION Act benefit VA staff members?

A11. The MISSION Act empowers employees and strengthens VA care nationwide. The MISSION Act:

- Improves ways to hire staff and keep staff onboard
- Creates "Anywhere to Anywhere" telehealth linking Veterans with their care teams across state lines
- Allows VA to lead with cutting-edge technology
- Strengthens VA as a leader for U.S. health care

Q12. Where can I find the full text of the MISSION Act?

A12. You can read the MISSION Act online at this link: <https://www.va.gov/oei/missionAct/index.asp>.

Q13. How can I find out more about the MISSION Act?

A13. [External – Public] You can learn more about the MISSION Act by visiting the website at: <https://www.va.gov/oei/missionAct/index.asp>.

VA MISSION Act of 2018

Your Care is Our Mission

Overarching Talking Points

MISSION Act Overall

- The acronym MISSION in the MISSION Act stands for Maintaining Internal Systems and Strengthening Integrated Outside Networks.
- The MISSION Act improves VA's ability to provide high quality and timely care to Veterans who have nobly served our country.
- This legislation contains more than 50 sections intended to strengthen and improve VA's ability to serve Veterans.
- Delivering an excellent experience of care for Veterans, families, and caregivers is at the core of VA's approach to the MISSION Act.
- As we implement the MISSION Act, we are building VA into a Veteran-centered system that enhances the pride of Veterans and VA employees.

Community Care

- The MISSION Act will enhance the Veteran experience through an improved community care program that allows VA to partner with community providers to augment access to VA health care.
- The MISSION Act puts VA at the center of Veteran care to ensure Veterans receive the best care possible, whether in VA facilities or through a community provider.
- The MISSION Act ensures easy and reliable access to the best health care, when and where Veterans need it.
- The MISSION Act enhances VA's use of state-of-art facilities and cutting-edge technology.
- The MISSION Act enables Veterans to find the balance in the system that is right for them.
- VA's approach to the MISSION Act gives Veterans an opportunity to make informed health care decisions in partnership with their care teams.

Caregivers

- The MISSION Act will expand the eligibility for family members who care for Veterans, enabling them to receive compensation under the auspices of the Caregiver Support Program. Right now, that program is only available to eligible caregivers of Veterans who were injured on or after September 11, 2001.

Workforce

- The VA MISSION Act will strengthen VA's workforce by creating an education debt reduction program and improved flexibility for providing recruitment bonuses.
- The VA MISSION Act allows for relocation opportunities and employee satisfaction avenues to ensure VA is able to retain the highest quality medical professionals.
- Under the MISSION Act, VA will pilot a scholarship program for eligible Veterans to receive medical training in return for serving in a VA hospital or clinic for four years.
- The MISSION Act will help strengthen VA's Infrastructure: With VA buildings averaging nearly 60 or more years old, the MISSION Act will assess the state of these buildings and help determine what is needed to modernize them.

What is Urgent Care?

Urgent care is medical services provided for illnesses or injuries which require prompt attention but are not life-threatening, such as strep throat, pink eye or influenza.



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U.S. Department of Veterans Affairs

Veterans Health Administration
Office of Community Care



Urgent Care

Medical care provided for illnesses or injuries needing immediate attention, but are not considered life threatening.

Some examples include:

- Flu like symptoms
- Strep throat
- Minor burns
- Pink-eye
- Ear infections
- Skin infection

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U.S. Department of Veterans Affairs

Veterans Health Administration
Office of Community Care

Veteran Eligibility



Veteran Eligibility Requirements

Any Veteran who has received care in or through the VA in the last 24 months.

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U.S. Department of Veterans Affairs

Veterans Health Administration
Office of Community Care

Determining Veteran Eligibility

Learn more about the benefit by visiting

<https://www.VA.gov>

The Veteran can confirm eligibility by locating and contacting their local VA.

<https://www.va.gov/find-locations/>

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U.S. Department of Veterans Affairs

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What Services are Included in Urgent Care?

Directions: Select each icon to learn more about certain categories of urgent care services offered. After visiting each, select the Next button.



Imaging

Diagnostic services like X-rays are included in the urgent care benefit.

Please note that not all facilities have X-ray capabilities.

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Directions: Select each icon to learn more about certain categories of urgent care services offered. After visiting each, select the Next button.



Pharmacy

Veterans can receive up to a 14-day supply of prescription medication, without refills (or shorter supply of opioid medication if required by state law) through a local, non-VA, and in-network pharmacy.

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U.S. Department of Veterans Affairs

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What Services are Included in Urgent Care?

Directions: Select each icon to learn more about certain categories of urgent care services offered. After visiting each, select the Next button.



Labs

Diagnostic lab testing is included in the benefit.
This includes but is not limited to:

- Blood testing
- HIV testing
- STD testing

VA



U.S. Department of Veterans Affairs

Veterans Health Administration
Office of Community Care

What Services are Included in Urgent Care?

Directions: Select each icon to learn more about certain categories of urgent care services offered. After visiting each, select the Next button.



Preventive Vaccines

Preventive vaccines, including the flu shot, are approved when given for the treatment of an illness or to mitigate complications from such illness.

VA



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Veterans Health Administration
Office of Community Care

Visiting an Out-of-Network Provider

Out-of-network care is not eligible for the urgent care benefit.

If a Veteran does receive care at an out of network provider, their health insurance or Medicare will be billed or they will be required to pay out of pocket.





U.S. Department of Veterans Affairs

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Urgent Care Copayment Requirements

Priority Group(s)	Copayment Amount
1-5	First three visits (per calendar year): \$0 Fourth and subsequent visits (per calendar year): \$30 per visit
6	If related to combat experience, special authority, or exposure: First three visits (per calendar year): \$0 Fourth and subsequent visits (per calendar year): \$30 per visit
	If <u>not</u> related to combat experience, special authority, or exposure: \$30 per visit
7-8	\$30 per visit

VA



U.S. Department of Veterans Affairs

Veterans Health Administration
Office of Community Care

Copayment Information

- There is no limit to the amount of urgent care visits.
- Preventive care is not included.
- Flu shots are included in the urgent care benefit.
 - Do not require a copayment.
 - Does not count towards an urgent care visit.





Emergency Medical Care

During a medical emergency, Veterans should immediately seek care at the nearest medical facility. A medical emergency is an injury, illness or symptom so severe that without immediate treatment, you believe your life or health is in danger. If you believe your life or health is in danger, **call 911 or go to the nearest emergency department (ED)** right away.

Veterans do not need to check with VA before calling for an ambulance or going to an ED. During a medical emergency, VA encourages all Veterans to seek immediate medical attention without delay. A claim for emergency care will never be denied based solely on VA not receiving notification prior to seeking care.

It is, however, important to promptly notify VA after receiving emergency care at a community ED. Notification should be made within 72 hours of admission to a community medical facility. This allows VA to assist the Veteran in coordinating necessary care or transfer, and helps to ensure that the administrative and clinical requirements for VA to pay for the care are met.

Important: An emergency department (ED) is a facility that is staffed and equipped to provide emergency treatment and does not include community facilities that provide medical treatment in situations other than emergencies.

Service-Connected Emergency Care

In general, VA can pay for emergency medical care at a local ED for a Veteran's service-connected condition, or if the care is related to a Veteran's service-connected condition. Specifically, emergency medical care for a Veteran's service-connected or related (adjunct) condition(s) is eligible for VA payment as long as VA wasn't reasonably available to provide the care.

In accordance with the following situations and requirements, VA can pay emergency care costs for:

1. A Veteran who receives emergency treatment of a service-connected, or adjunct condition* in a community emergency department; **or**

2. A Veteran who is Permanently and Totally disabled (P&T) as the result of a service-connected condition is eligible for emergency treatment of ANY condition; **or**
3. A Veteran who is participating in a VA Vocational Rehabilitation Program, and who requires emergency treatment to expedite their return to the program, is eligible for emergency treatment for any condition; **and** (scenarios 1-3 must all meet #4)
4. The emergency was of such a nature that the Veteran (or other prudent layperson without medical training) would reasonably believe that any delay in seeking immediate medical attention would cause their life or health to be placed in jeopardy.

*A service-connected condition is one that has been adjudicated by the Veterans Benefits Administration (VBA) and a disability rating has been granted. An adjunct condition is one that, while not directly service-connected, is medically considered to be aggravating a service-connected condition.

Note: Legal authorities and payment methods for VA payment for emergency care for service-connected conditions are contained in [Title 38 U.S.C. §1728](#), [38 CFR §17.120](#) and [38 CFR §17.132](#).

Nonservice-connected Emergency Care

VA can also pay for emergency medical care at a community ED for a Veteran's nonservice-connected condition. However, there are several requirements and factors that affect the extent to which VA can cover those services. Specifically, emergency medical care for a Veteran's nonservice-connected condition(s) is eligible for VA payment when all of the five following elements are true:

1. Care was provided in a hospital emergency department (or similar public facility held to provide emergency treatment to the public); **and**
2. The emergency was of such a nature that the Veteran (or other prudent layperson without medical training) would reasonably believe that any delay in seeking



immediate medical attention would cause their life or health to be placed in jeopardy; **and**

3. A VA medical facility or another Federal facility was not reasonably available to provide the care; **and**
4. The Veteran is enrolled and has received care within a VA facility during the 24 months before the emergency care; **and**
5. The Veteran is financially liable to the provider of emergency treatment.

There are limitations on VA’s ability to provide coverage when a Veteran has other health insurance (OHI). If OHI does not fully cover the costs of treatment, VA can pay certain costs for which the Veteran is personally liable.

By law, VA cannot pay:

- Copayments
- Coinsurance
- Deductibles
- Similar payments a Veteran may owe to the provider as required by their OHI

VA is also legally prohibited from providing coverage for individuals covered under a health-plan contract because of a failure by the Veteran or the provider to comply with the provisions of that health-plan contract, e.g., failure to submit a bill or medical records within specified time limits, or failure to exhaust appeals of the denial of payment

Note: Legal authorities and payment methods for VA payment for emergency care for nonservice-connected conditions are contained in [Title 38 U.S.C. §1725](#) and [38 CFR §17.1000](#)

Emergency Care in Foreign Counties

VA can pay for emergency medical care outside the United States if the emergency is related to a Veteran’s service-connected condition. Contact the Foreign Medical Program at 1-877-345-8179 or visit www.va.gov/communitycare for more information.

After Receiving Care

Once a Veteran’s immediate emergency medical care needs have been addressed, the Veteran, a family member, friend, or hospital staff member should contact the nearest VA medical facility within 72-hours. Once notified, VA staff will assist the Veteran and/or his/her representatives in understanding eligibility and how eligibility relates to services rendered in the community. VA staff will also ensure that, if desired, the Veteran is transferred to a VA medical center upon stabilization and that the Veteran is set up to receive additional care, post discharge, without interruption.

Important: When a Veteran receives emergency medical care, notifying VA as quickly as possible is always best. It ensures maximum VA coverage and assists VA in providing the Veteran the care they need.

Filing a Claim

Claims for emergency medical care should be submitted to VA as soon as possible after care has been provided. The deadline for filing a claim depends on whether care was provided for a service-connected condition or a nonservice-connected condition. The charts below describe the requirements, how to file a claim, and payment rates.

Requirements	
Service-Connected Condition	Nonservice-Connected Condition
Claim must be submitted to VA within two (2) years of the date emergency medical care was received. However, filing the claim as soon as possible after care has been provided is highly recommended because it helps make sure that all required documentation is readily available and that providers receive their payment in a timely manner.	Claim must be submitted to VA within 90 days of the date of discharge, or 90 days from the date that all attempts to receive required payments from a liable third party are completed and not successful in eliminating the Veteran’s personal liability to the provider. A liable third party includes an other health insurer, worker’s compensation, civil litigation, etc.



Filing a Claim	
Veterans/Veteran’s Representatives	Providers
<p>Veterans or their personal representatives may file a claim for reimbursement of emergency treatment costs that they have incurred and paid to the provider.</p> <ul style="list-style-type: none"> In this situation, Veterans should obtain and submit all related treatment and billing records to the closest VA medical facility. In most cases, providers will submit a claim directly to VA, and the Veteran will not have to take further action. 	<p>Submit claims for services not pre-authorized by VA to the VA medical facility closest to where the emergent treatment was provided.</p> <ul style="list-style-type: none"> Submission must include a standard billing form (such as a CMS 1450 or CMS 1500), containing false claims notice. Submit claims via Electronic Data Interchange (EDI) transaction (such as an 837I or 837P) Documentation related to the medical care may be required prior to claim processing.

Payment Rates	
Service-Connected Condition	Nonservice-Connected Condition
Generally, 100% Medicare rates.	Generally, 70% Medicare rates.

Receiving Payment from VA

Once a claim for emergency treatment is received by VA, the claim will be administratively reviewed to determine Veteran eligibility. If the Veteran meets the administrative eligibility criteria to receive emergency care in the community, the treatment documentation will then be reviewed by VA clinical staff to determine if the treatment received meets the clinical criteria necessary for VA to pay for the care.

VA makes every effort to adjudicate claims for emergency treatment quickly and accurately. When further information or clarification is needed by VA, claims processing may be delayed.

If a Veteran is charged for emergency care received in the community and believes the charges should be covered by VA, they should contact the nearest VA medical facility as soon as possible. VA staff will assist the Veteran in understanding eligibility and in determining whether the bill received is appropriate. VA will assist the Veteran and work to resolve any billing issues with the community provider.

Support

- For additional information, please reach out to the nearest VA medical center responsible for processing the claims.
- Visit www.va.gov/communitycare



Emergency Transportation (Ambulance)

If you believe your life or health is in danger, call 911 or go to the nearest emergency room (ER) right away. During a medical emergency, Veterans should immediately seek medical care. A medical emergency is an injury, illness or symptom so severe that without immediate treatment, you believe your life or health is in danger.

Veterans **do not** need to check with VA before calling for an ambulance or going to an ER. However, **promptly notifying the nearest VA medical facility** of the emergency care and transportation is very important in VA being able to potentially reimburse costs.

When the nearest VA medical facility is notified of the emergency transportation, more information will be known of the Veterans medical condition, the availability of VA for transfer (if Veteran is stable), and other information to assist them in receiving the necessary medical care.

VA Payments for Emergency Transportation

VA can pay for emergency transportation provided by a community provider for a Veteran's service-connected condition and nonservice-connected condition, but there are **specific requirements that must be met** before VA can reimburse these costs*.

1. Prior Authorization and/or Prompt Notification.

VA must authorize transportation in advance, but in medical emergencies this may not be reasonable. As a result, promptly notifying the nearest VA medical facility of the emergency transportation can satisfy the prior authorization requirement. VA may be able to consider prompt notification of ambulance transportation, subject to the following requirements (a-c):

- a. Veteran (or someone on their behalf) notifies VA within 72-hours; **and**
- b. A VA or other Federal facility was not reasonably available to the Veteran; **and**



- c. The care the Veteran received was for a medical emergency related to a **service-connected** condition.

2. Emergency Transportation for nonservice-connected condition.

Along with the requirements above in 1(a) and 1(b), VA can pay for emergency transportation for a Veteran's nonservice-connected condition, subject to the additional following requirements (a-c):

- a. VA must receive and adjudicate a claim for the emergency care received as part of the emergency transportation (the administrative eligibility for payment of nonservice-connected emergency care can be reviewed [here](#)). If no claim is received for the associated treatment, VA cannot pay for the emergency transportation **unless the following two exceptions are met:**
 - i. Other health insurance or a third party paid for the emergency treatment (leaving no liability for the treatment) excluding the emergency transportation itself; **or**
 - ii. Death occurred during transportation to receive emergency care.

If VA cannot pay for emergency care outside of the above two exceptions, then it generally cannot pay for the associated emergency transportation.

- b. Veteran must be liable to the provider of the emergency transportation; **and**
- c. If the emergency condition was caused by an accident or work-related injury, the Veteran must first attempt to obtain reimbursement from a liable third party (i.e. employer, insurance, etc). If the Veteran's efforts to obtain reimbursement from a liable third party are denied or otherwise unsuccessful, VA may be able to pay for the emergency transportation costs.

Unless the above requirements are met, VA in general cannot pay for the emergency transportation for a Veteran's nonservice-connected condition.

*By law, VA cannot pay costs associated with a Veteran's health insurance deductibles, copayments, coinsurance or similar payments a Veteran may owe to the provider as required by their OHI

Support

- For additional information, please reach out to the nearest VA medical center responsible for processing the claims.
- Visit www.va.gov/communitycare

Mission Act of 2018

CAVHS Stakeholder Info Pack



Choose **VA**

VA North Texas Health Care System

MISSION Act Links

- ⇒ VA MISSION Act Web Site: <https://www.missionact.va.gov/>
- ⇒ [Download a Veteran MISSION Act brochure](#)
- ⇒ [Learn about community care eligibility.](#)
- ⇒ [Learn about Urgent Care benefits.](#)
- ⇒ [Learn about copay and insurance charges.](#)
 - ⇒ [VA Health Care and Other Insurance](#)
- ⇒ [Learn more about benefits for family caregivers](#)
- ⇒ [About Community Care appointments.](#)
- ⇒ Applying for VA Care: <https://www.va.gov>
- ⇒ [Enroll in VA Health Care.](#)